

## VILLAGE OF VIRGINIA GARDENS

### APPLICATION FOR OCCUPATIONAL LICENSE

For Office Use Only

License No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

**NOTICE:** This application will not be accepted unless it is complete in full, signed by the owner and/or officer of the company with signature notarized. Return to Village of Virginia Gardens Town Hall, 6498 N.W. 38 Terrace, Virginia Gardens, Florida 33166. (305) 871-6104.

As provided by the Village of Virginia Gardens, I hereby make application for:

/ \_\_ / New License / \_\_ / Change of Owner / \_\_ / Change of address / \_\_ / Change of Business Name

1. Name of Business: \_\_\_\_\_
2. Address of Business: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Business Telephone Number: \_\_\_\_\_

5. CORPORATIONS/PARTNERSHIPS/SOLE PROPRIETORS (Complete one)

- A. Corporation Name: \_\_\_\_\_  
Name & Title of Corporation Officers: \_\_\_\_\_

\_\_\_\_\_

List Contact Person & Telephone Number & Driver License #:

\_\_\_\_\_

Attach copy Articles of Incorporation or Corporate Report

- B. Partnership/List Info on Authorized Representatives:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Driver License No.: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Driver License No.: \_\_\_\_\_

- C. Sole Proprietor/List Info on Individual:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Driver License No.: \_\_\_\_\_

6. **Type of Business (describe full nature of all business engaged in, attach narrative description, printed material, etc., if necessary in order to more fully describe):**

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7. **FOOD SERVICE ESTABLISHMENTS:  
MUST SUBMIT APPROVAL FROM HOTEL & RESTAURANT DIVISION**

- A. **Total Number of Seats:** \_\_\_\_\_  
B. **Take-Out Service Provided?** \_\_\_\_\_  
C. **Counter Service Provided?** \_\_\_\_\_  
D. **Sales, Inventory Amount of Merchandise for Sale:** \_\_\_\_\_

8. **APARTMENTS, HOTELS & MOTELS (Complete one):  
MUST SUBMIT LICENSE FROM HOTEL & RESTAURANT COMMISSION**

- A. **Apartments/Total Number of Units:** \_\_\_\_\_  
**Manager Resides in Unit Number:** \_\_\_\_\_  
  
B. **Hotels/Total Number of Units:** \_\_\_\_\_  
**Manager Resides in Unit Number:** \_\_\_\_\_  
  
C. **Motels/Total Number of Units:** \_\_\_\_\_  
**Manager Resides in Unit Number:** \_\_\_\_\_  
  
D. **Swimming Pools/Number of Pools:** \_\_\_\_\_

9. **BARBER & BEAUTY SHOPS:  
MUST SHOW LICENSE FROM STATE DEPT. OF PROFESSIONAL REGULATION**

- A. **Number of Chairs:** \_\_\_\_\_  
B. **Number Manicure Tables:** \_\_\_\_\_  
C. **Sales, Inventory Amount Merchandise for Sale:** \_\_\_\_\_

10. **Coin Operated Machines/List Total Number & Type of Machines:**

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11. **Merchants/Retail:  
Retail Amount of Merchandise for Sale (average value of all goods, merchandise. Wares. etc.)**

\$ \_\_\_\_\_

12. **Merchants/Wholesale:  
Wholesale Amount of Merchandise/Investment:**

\$ \_\_\_\_\_

13. Are you Importing? \_\_\_\_\_ \ Exporting? \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

14. Service Stations:  
Number of Pumps: \_\_\_\_\_  
Number of Repair Mechanics: \_\_\_\_\_  
Accessories/Amount of Merchandise for Sale: \$ \_\_\_\_\_

15. Flight Simulator Training Center  
A. Number of Employees: \_\_\_\_\_  
B. Number of Simulators: \_\_\_\_\_

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**PLEASE SIGN THE FOLLOWING:**

**I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE, CORRECT  
AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Signature of Applicant: \_\_\_\_\_  
Print Name of Applicant: \_\_\_\_\_  
Title of Applicant: \_\_\_\_\_

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Print Name: \_\_\_\_\_

Personally known \_\_\_\_\_ or produced I.D. \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
\* \* \* **FOR OFFICE USE ONLY** \* \* \*

Application Approved: \_\_\_\_\_  
Application Disapproved: \_\_\_\_\_

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_